1904

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11935

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park X (Rural)
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Francis	----	Barber	2 -	18-	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	colored	widowed	15 June 1889	64 yrs.	8	3		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
farm labor	Farming	Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Issac Barber	Sallie Hopewell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	---	-----	Agnes M. Barksdale - Lexington Park, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
421.1 Immediate cause	(a) Valvular Heart Disease (aortic)	8 yrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	(b) Cardiac asthma	5 yrs
DUE TO	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May, 1950, to 2-18, 1954, that I last saw the deceased alive on 2-17, 1954, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	MD	Great Mills Md	2/19/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/22/54	Holy Face Cemetery	Great Mills, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-19-54	P.J. Beane, M.D. Local Registrar	P.B. Robinson - Leonardtown, Md.	

VS. A15

RECEIVED
FEB 25 1954
BUREAU V. S.

1905

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01906

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Leonardtown — LENGTH OF STAY (in this place) 7 day's
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Bertie (Last) Bisco

4. DATE OF DEATH: (Month) Feb. (Day) 7 (Year) 1954

5. SEX: F

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: April 6, 1891

9. AGE last birthday: [illegible] yrs. — IF UNDER 1 YEAR: Months 10, Days — — IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Thompson

14. MOTHER'S MAIDEN NAME: Ebbie Bisco

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Ernest Bisco Ridge, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death:

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) General arteriosclerosis — 6 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-30, 1954, to 2-7, 1954, that I last saw the deceased alive on 2-7, 1954, and that death occurred at 7.30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) O.J. Beam, M.D. — ADDRESS Great Mills Md. — DATE SIGNED 2-9-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2-11-54 — NAME OF CEMETERY OR CREMATORY St Peters — LOCATION (City, town, or county) Ridge St Mary's — (State) Md

DATE REC'D BY LOCAL REGISTRAR Feb 9/3-4 — REGISTRAR'S SIGNATURE O.J. Beam M.D. Local Registrar

24. FUNERAL DIRECTOR Jos C. Mattingley — ADDRESS Leonardtown Md

RECEIVED
FEB 17 19[illegible]
BUREAU V. S.

1906

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mechanicsville
LENGTH OF STAY (in this place): 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mechanicsville
STREET ADDRESS (If rural give location): Rural

3. NAME OF DECEASED: (Type or Print) (First) Arie (Middle) Hostetler (Last) Byler

4. DATE OF DEATH: (Month) 2 (Day) - 26 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 23 July 1906

9. AGE last birthday: 47 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Byler

14. MOTHER'S MAIDEN NAME: Barber Hostetler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: ----

17. INFORMANT & ADDRESS: Daniel Y. Byler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) Coronary Thrombosis	1 hr.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	(b) Arteriosclerotic CV disease	8 yrs
DUE TO	(c) with malpriant hypertension	1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 19 44, to Feb 19 54, that I last saw the deceased alive on Feb 20 19 54, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Roy Snyder, MD — ADDRESS Mechanicsville — DATE SIGNED 2/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3/1/54 — NAME OF CEMETERY OR CREMATORY Amish Cemetery — LOCATION (City, town, or county) Mechanicsville, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 3-1-54 — REGISTRAR'S SIGNATURE Alan D. Hauser M.D.

24. FUNERAL DIRECTOR — ADDRESS: P.B. Robinson - Leonardtown, Md.

RECEIVED
MAR 3 1954
BUREAU V. S

1907

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01908

CERTIFICATE OF DEATH

Reg. Dist. No. .....

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown X
LENGTH OF STAY (in this place) 3 day's
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood X Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Louise (Last) Chase

4. DATE OF DEATH: (Month) Feb (Day) 19 (Year) 1954

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: May 8 1893
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months 9 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): house wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Allen Spars
14. MOTHER'S MAIDEN NAME: Mary Scriber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Dorothy Barber Hollywood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

445X

Immediate cause (a) uraemia — Interval Between Onset And Death: 1 mo

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) malignant hypertension — 6 mo

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURED While at Work ☐ Not While At Work ☑ none
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 2/16, 1954, to 2/19, 1954, that I last saw the deceased alive on 2/19, 1954, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) [illegible] ADDRESS Leg for Cal Dis DATE SIGNED 2/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb 22 54
NAME OF CEMETERY OR CREMATORY St Johns
LOCATION (City, town, or county) Holly Wood (State) Md
DATE REC'D BY LOCAL REGISTRAR 2/26/54
REGISTRAR'S SIGNATURE Alan D. Houser, M.D. mmt.
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

RECEIVED
FEB 25 1954
BUREAU V. S.

1908

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01309

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Patuxent River X
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, USNAS 30

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Missouri — COUNTY St. Louis
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Louis 62X-3
STREET ADDRESS (If rural give location) 1030 Hopedale Drive ✓

3. NAME OF DECEASED: (Type or Print) (First) NANCY (Middle) ANN (Last) DOLAN

4. DATE OF DEATH: (Month) Feb. (Day) 23 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-23-54

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min. 2

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph P. DOLAN

14. MOTHER'S MAIDEN NAME: ALICE PAULINE HOOSER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: U. S. Navy Files

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 761.5 (a) Immaturity — Interval Between Onset And Death:

DUE TO

Antecedent causes (b) Prematurity — 2 minutes
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO

(c) Abruptio Placenta

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on Feb. 23, 1954, and that death occurred at 0242, from the causes and on the date stated above.

SIGNATURE L. F. Herrmann (Degree or title) CDR MC USN — ADDRESS U.S. NAS, Patuxent River, Maryland — DATE SIGNED 2-23-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 2/23/54 — NAME OF CEMETERY OR CREMATORY St. Marys. — LOCATION (City, town, or county) Hollywood. (State) MD.

DATE REC'D BY LOCAL REGISTRAR 2-23-54 — REGISTRAR'S SIGNATURE O.J. Beam, M.D. Local Registrar

24. FUNERAL DIRECTOR Jos. P. Dolan HM3 USN. — ADDRESS USN Infirmary, NAS Patuxent River, Md.

20(2)430 2220

RECEIVED
FEB 25 1954
BUREAU V. S.

Item 18 Film 3166 5/14/54 ams

1909

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 281.

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Patuxent River,
LENGTH OF STAY (in this place) 1 yr 4 mons
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, U.S. Naval Air Sta. 50

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Balto.~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 221 Barney St.

3. NAME OF DECEASED: (Type or Print) (First) RICHARD (Middle) GARY (Last) FARBER, JR.

4. DATE OF DEATH: (Month) FEB (Day) 4 (Year) 1954

5. SEX: M
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb. 3, 1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 21 Min. 12

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Gary Farber
14. MOTHER'S MAIDEN NAME: Doris Ames Coates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: U.S. Navy Files

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7625

Immediate cause (a) ~~PENDING AUTOPSY~~

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity

DUE TO

(c) Atelectasis

Interval Between Onset And Death: 21 hrs. 12 min.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19...., to ....., 19.., that I last saw the deceased alive on ....., 19....., and that death occurred at 1040 4 Feb. 54 from the causes and on the date stated above.

SIGNATURE W. D. EDGERTON LT MC USN (Degree or title) ADDRESS Infirmary, U. S. NAS Patuxent River, Md. DATE SIGNED 4 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 2-5-54
NAME OF CEMETERY OR CREMATORY to Bethesda for Autopsy
LOCATION (City, town, or county) Bethesda (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2-5-1954
REGISTRAR'S SIGNATURE P. J. Bean, M.D. Local

24. FUNERAL DIRECTOR U. S. Navy ADDRESS Patuxent River

BUREAU V. S

1910

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mechanicsville
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mechanicsville
STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ann (Last) Flora
4. DATE OF DEATH: (Month) Feb (Day) 1 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Oct 25-1919
9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR Months 3 Days 8 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Edward Flora
14. MOTHER'S MAIDEN NAME: Cora V. Pickerton
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mr Charles E Flora Mechanicsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X
Immediate cause (a) Nephritis, chronic — Interval Between Onset And Death 1 yr.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Encephalitis, childhood — 30 yrs.
DUE TO
(c) Feeblemindedness, congenital

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1954, to 1 Feb, 1954, that I last saw the deceased alive on 29 Jan, 1954 and that death occurred at 5 P.M., from the causes and on the date stated above.
SIGNATURE Joseph E. Gill (Degree or title) ADDRESS Mechanicsville, Md DATE SIGNED 1 Feb 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb 4 54
NAME OF CEMETERY OR CREMATORY St Joseph
LOCATION (City, town, or county) Morganza St Mary's (State) Md
DATE REC'D BY LOCAL REGISTRAR 2/3/54
REGISTRAR'S SIGNATURE Dean D. [illegible]
24. FUNERAL DIRECTOR for C. Mattingley Leonardtown ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

1911

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY St. Mary's County, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avenue
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home (no street address)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avenue
STREET ADDRESS (If rural, give location) (no street address)

3. NAME OF DECEASED: (Type or Print) (First) Philip (Middle) Dominick (Last) GATTON

4. DATE OF DEATH: (Month) (Day) (Year) February 13th, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 30 Jan., 1866

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoemaker

10b. KIND OF BUSINESS OR INDUSTRY: Self-Employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Henry Gatton

14. MOTHER'S MAIDEN NAME: Sarah Jane Quade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service) Unknown

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Jane Agnes Joy (dtr.) Avenue, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Cerebral hemorrhage 1 hr

422.1

Immediate cause (a) Arteriosclerotic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH 20 yrs

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19 48, to Feb 13, 1954, that I last saw the deceased alive on Dec, 1953, and that death occurred at 7 04 A.m., from the causes and on the date stated above.

SIGNATURE Roy Gaither, M.D. (DEGREE OR TITLE) ADDRESS Mechanicsville DATE SIGNED 2/13/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 15 Feb. 1954

NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery

LOCATION (City, town, or county) (State) Bushwood, Maryland

DATE REC'D BY LOCAL REG. 2-15-54

REGISTRAR'S SIGNATURE Alan D. Hauser, M.D.

24. FUNERAL DIRECTOR ADDRESS P. B. Robinson, Leonardtown, Maryland

RECEIVED
FEB 1
BUREAU V. S.

1912

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown
LENGTH OF STAY (in this place) 3 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Morganza Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) HURRY (Last) HANCOCK
4. DATE OF DEATH: (Month) 2 (Day) 14 (Year) 1954

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 4-9-76
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months 10 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hurry, Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Cornelius Hurry
14. MOTHER'S MAIDEN NAME: Lucy Love

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Emily H. Davis Chaptico Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 450.0 (a) Uremia — Interval Between Onset And Death: 2 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — 5 year

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestion heart failure — 2 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15, 1953, to 2/14, 1954 that I last saw the deceased alive on 2/13, 1954, and that death occurred at 2:A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] MD
ADDRESS Leonardtown
DATE SIGNED 2/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb 6 54
NAME OF CEMETERY OR CREMATORY St Joseph
LOCATION (City, town, or county) Morganza St Mary's (State) Md

DATE REC'D BY LOCAL REGISTRAR 2/15/54
REGISTRAR'S SIGNATURE Alan D. Hauser
24. FUNERAL DIRECTOR Jos. C. Hickinley
ADDRESS Leonardtown Md

mmb.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 17 1954
BUREAU V. S.

1913

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01914

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, U. S. Naval Air Station

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE North Carolina COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lincolnton
STREET ADDRESS (If rural give location) Route #5

3. NAME OF DECEASED (Type or Print) (First) Earl (Middle) Glate (Last) HEAVNER

4. DATE OF DEATH (Month) Feb. (Day) 10 (Year) 1954

5. SEX Male

6. COLOR OR RACE Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 4-25-27

9. AGE last birthday 26 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. Marine Corps

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Info. not available

14. MOTHER'S MAIDEN NAME Info. not available

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT U. S. Navy Files

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured skull — Immediate

823 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. cerebral hemorrhage.

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway

(CITY OR TOWN) Point Lookout, (COUNTY) St. Marys (STATE) Md.

TIME OF INJURY (Month) Feb. (Day) 10 (Year) 54 (Hour) 0125

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Automobile Accident (Overturned in Pub...)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) ADDRESS Leigh Park, Md. DATE SIGNED 2/10/54

23. BURIAL, CREMATION REMOVAL (Specify) Unauthorized

DATE THEREOF 2-11-54

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Lincolnton, North Carolina

DATE REC'D BY LOCAL REG. 2-11-54

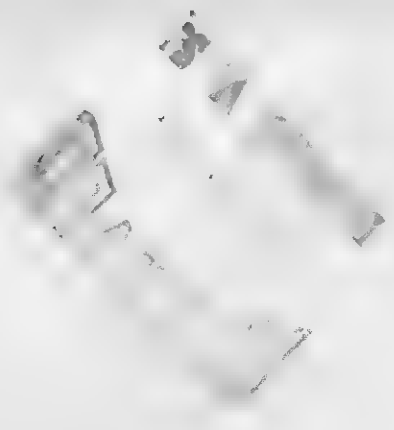
REGISTRAR'S SIGNATURE Vilas D. Hauser, M.D.

24. FUNERAL DIRECTOR [signature] ADDRESS Lincolnton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



1914

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR Rural Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital D.O.A.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4806 Rugby Ave.

3. NAME OF DECEASED (Type or Print) (First) Preston (Middle) James (Last) Martine
4. DATE OF DEATH (Month) Feb. (Day) 22 (Year) 1954
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept. 18, 1898
9. AGE last birthday 55 yrs. If under 1 year Months 5 Days 5 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Edward Martine
14. MOTHER'S MAIDEN NAME Martha Elizabeth Bowman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Pearl M. Griffin 4900 Delray Ave Bethesda Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

823 A

Immediate cause (a) Fracture dislocation cervical spine — INTERVAL BETWEEN ONSET AND DEATH: immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Trauma

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) Clements (COUNTY) St. Mary's (STATE) Md
TIME OF INJURY (Month) 2 (Day) 23 (Year) 54 (Hour) 8:30 Am.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto turned over in ditch.

22. I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident ✓, suicide , homicide , undetermined .

SIGNATURE (Degree or title) [signature] M.D. ADDRESS Leighton Park. Md DATE SIGNED 2/23/54

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/27/54
NAME OF CEMETERY OR CREMATORY Rockville Union
LOCATION (City, town, or county) Montgomery Co. (State) Md

DATE REC'D BY LOCAL REG. Feb 23-1954
REGISTRAR'S SIGNATURE [signature] M.D.
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS 7557 Wisconsin Ave Bethesda Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

1915

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Compton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Compton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) B (Last) Morgan

4. DATE OF DEATH (Month) Feb (Day) 18 (Year) 1954

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Aug. 16, 1882

9. AGE last birthday 71 yrs. If under 1 year Months 6 Days 7 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) watermen

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Morgan

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Ida Morgan Leonardtown RFD 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH 1 day

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death none

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? none

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE John [illegible] (Degree or title) M.D. ADDRESS Lexington Park, Md DATE SIGNED 2/18/54

TYPE OF CREMATION (Specify) Burial DATE THEREOF Feb 20-54 NAME OF CEMETERY OR CREMATORY St Francis Xavier LOCATION (City, town, or county) Compton (State) Maryland

DATE REC'D BY LOCAL REG. 2/18/54 REGISTRAR'S SIGNATURE Alan D. Houser

24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

1916 M

01917

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clements — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clements
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print)	(First) Joseph	(Middle) Dellie	(Last) Smith	4. DATE OF DEATH	(Month) 2	(Day) 7	(Year) 1954
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH May 9, 1887	9. AGE last birthday 66 yrs.	If under 1 year Months / Days	If under 24 hrs Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm labor	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME John Smith	14. MOTHER'S MAIDEN NAME Cecila Butler						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I	16. SOCIAL SECURITY No. 577-12-0869	17. INFORMANT AND ADDRESS Mary A. Thomas - 2022 Smallwood St. Balto Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none	(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.	INJURY OCCURRED While at work ☐ Not while at work ☐ none	HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Lexington Park, Md.	2/26/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2/28/54	NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery	LOCATION (City, town, or county) Morganza, (State) Md.
DATE REC'D BY LOCAL REG. 2-26-54	REGISTRAR'S SIGNATURE Alan D. Hauser, M.D.	24. FUNERAL DIRECTOR P.B. Robinson - Leonardtown, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 3 1954
BUREAU V. S.

Item 9 Film G 161 3/3/54 cm

1917

01918

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVED FOR BINDING. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: St. Marys · MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown LENGTH OF STAY (in this place): HOSPITAL OR INSTITUTION OR STREET ADDRESS: St. Marys Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: St. Marys CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Loveville STREET ADDRESS (If rural give location): Rural

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Marion	Elizabeth	Young		2	16	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	colored	married	Sept. 30 1927	26 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	domestic	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Banks	Mammie Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	---	------	James A. Young (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis	2 yrs.
Antecedent cause(a)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2/11/54, to 2/16/54, that I last saw the deceased alive on 2/16/54, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Alan D Bayliss	MD	Leonardtown	2/18/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/19/54	St. Joseph Cemetery	Morganza, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-18-54	Alan D Bayliss, M.D.	P.B. Robinson	Leonardtown, Md.

VS. A15

RECEIVED
FEB 25 1954
BUREAU V. S.